

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 120

Registered No. 393

PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 130 Mex. Canon St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lorenza Gomez

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

Daniel Gomez

14.

MOTHER

Full maiden name

Antonia Noriega

9. Residence

(Usual place of abode)

Miami

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

If non-resident, give place and state.

Arizona

10. Color or race

Mex.11. Age at last birthday 26 (Years)

16. Color or race

Mex.17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country)

JaliscoMex.

18. Birthplace (city or place)

(State or country)

JaliscoMex.

13. Occupation

Nature of industry

Miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated.

(Born alive or stillborn)

Signature

Cyril M. Brown M.D.
Physician

(Physician or midwife)

Given name added from

a supplemental report

Month, day, year

Filed

Sept 12, 1928

Registrar.

Registrar.

379-906-151

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.